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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) PC811.02 / 31132.227
Application Number 10/776,754		Filed February 11, 2004
For DEVICE FOR FUSING TWO BONE SEGMENTS		
Art Unit 3738		Examiner Schillinger, Ann M
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
	<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60 \$ 120.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225 \$ 0.00
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510 \$ 0.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795 \$ 0.00
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080 \$ 0.00
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>08-1394</u> . I have enclosed a duplicate copy of this sheet.		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the <input type="checkbox"/> applicant/inventor.		
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.		
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).		
<input type="checkbox"/> attorney or agent of record. Registration Number _____		
<input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34.		
Registration number if acting under 37 CFR 1.34 <u>37,713</u>		
<u>Brandi W. Sarfat</u> Signature		<u>3/5/07</u> Date
Brandi W. Sarfat		214-651-5896
Typed or printed name		Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2